

MNS Care Plc

Windy Ridge Care Home

Inspection report

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Ratings

| Overall rating for this service | Outstanding | ★ |
|---------------------------------|-------------|---|
| Is the service safe? | Good | ● |
| Is the service effective? | Good | ● |
| Is the service caring? | Outstanding | ★ |
| Is the service responsive? | Good | ● |
| Is the service well-led? | Outstanding | ★ |

Summary of findings

Overall summary

About the service

Windy Ridge Care Home is a nursing home, providing personal and nursing care to older people, some of whom are living with dementia, aged 65 and over at the time of the inspection. The service can support up to 21 people.

People's experience of using this service and what we found

People and relatives consistently told us the registered manager and staff were excellent. The home was exceptionally well run. They said it was 'One of a kind' and said there was "No place like it."

There was an extremely strong focus on person centred care which provided exceptional health outcomes for people. The use of nationally recognised monitoring tools helped provide an early warning to staff, for example, of possible infection, such as sepsis. Relatives told us the care was excellent and the staff provided "Immaculate care" and "Amazing care".

The home specialised in assessing and supporting people who were hard to place due to their advanced dementia, complex behaviours and mental health needs, or where previous placements had ended due to their increasing complex needs.

Staff received excellent support with their learning and development. A broad range of key and specific training was delivered to staff in house and tailored to the needs of people living in the home. External progression opportunities and personal development were encouraged and funded by the provider.

Staff maintained an extremely strong focus on the importance of supporting people to eat and drink a varied diet which met their specific nutritional needs and preferences and achieved positive health outcomes. One relative told us, "Within weeks [of moving to the home] her bed sores had gone and she was eating. I'm not sure how they did it!"

We observed consistently kind and compassionate care from staff who were observant and focussed on people's wellbeing. A visitor told us staff "Just seemed to know exactly what to say." Respect for people's privacy, dignity and independence was embedded within the culture of the home. A staff member told us, "This is the residents' home. We're the guests".

Relatives consistently told us they were extremely happy with the way they and their family members were treated. One relative told us, "Other homes are not like this one. I would highly recommend it. I wouldn't mind booking my place!" People were encouraged to maintain important relationships and staff facilitated this by providing a welcoming environment and making private space for people to receive their visitors.

The registered manager had developed exceptionally strong working relationships with other agencies and

local organisations to maximise opportunities for staff development and develop initiatives for continuous improvement of care delivery.

Provider oversight was embedded in the governance of the home. There was a strong culture of joint ownership within the whole staff team and senior management to achieve exceptional outcomes for people through effective team work, feedback, governance and improvement.

People were safeguarded from abuse. Staff understood how to identify abuse and how to report any concerns. Medicines were well managed. People received their medicines as prescribed by staff who were training and competent to do so.

Staff recruitment procedures were robust and there were sufficient staff deployed to meet people's needs and keep them safe.

Risks to people had been identified and actions taken to minimise any risks. The home was clean and tidy. Staff used appropriate personal protective equipment appropriately. Incidents and accidents were investigated and lessons learnt to reduce the risk of further occurrences.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was 'Good' (Published 13 August 2016)

Why we inspected

This was a planned inspection based on the previous rating.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was very effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was exceptionally well led.

You can see details in our well led findings below.

Outstanding 

Windy Ridge Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by two inspectors on 25 June 2019 and one inspector returned to complete the inspection on 1 July 2019.

Service and service type

Windy Ridge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their

service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service, four relatives and a visitor from a local support organisation about their experience of the care provided. We spoke with seven members of staff including the registered manager, senior care workers, care workers and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. We also looked at a variety of records relating to the management of the service, including audits, accidents and incidents and health and safety management.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found in relation to water safety and received further feedback from a second health care professional.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained as good.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding procedures remained robust.
- The provider had policies and procedures in place to safeguard people from abuse.
- Staff understood how to identify abuse and how and when to report any concerns.
- Relatives told us they had no concerns about the home. One relative told us, "I've never felt uncomfortable about anything here." Another relative said, "I have never seen anything I would question."

Assessing risk, safety monitoring and management

- Environmental and individual risks to people continued to be well managed.
- People's rooms and communal areas were checked daily and weekly to identify any environmental risks and actions were taken to mitigate any risks.
- Safety equipment was checked regularly to ensure it was in good working order, for example, fire equipment, emergency lighting, bed rails, call bells and air mattresses.
- Staff knew people very well, understood their individual risks and took appropriate action to keep them safe. Specific guidance was in place for staff where people were at risk of, for example, choking, skin breakdown or falls.

Staffing and recruitment

- Staff records included an application form and a check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
- Leave to remain status was evidenced in staff recruitment records. Records in relation to the application and authorisation for employing an under 18 years old staff was on file; and there was a clear (leisure and lifestyle) role assigned to the member of staff, who worked under constant supervision.
- There were sufficient staff deployed to meet people's needs and keep them safe. Where people were on one to one support this was provided in line with their care plan and risk assessment. These roles were identified on the staff rota. Staff covered roles from within the team so there was never any cause to use

agency staff. This provided continuity of care.

Using medicines safely

- Medicines continued to be managed and administered safely.
- Medicines were appropriately stored and any unused or expired medicines were disposed of when necessary, including controlled drugs (CDs). CDs are regulated under the Misuse of Drugs Act and require additional safeguards to be in place.
- Medicines were checked regularly by staff so that any potential administration errors were identified and action taken. Up to date records were kept of the receipt and administration of medicines and guidelines were in place for when prescribed 'as required' (PRN) medicines should be given.
- People received their medicines as prescribed, in a way and at a pace that met their needs and preferences.
- Staff used appropriate tools to assess the level of pain in people who might not be able to verbally communicate this.
- There were two people who had their medicines given to them covertly, as they did not have capacity to understand their need to take them. The decision had been made in their best interests by staff in consultation with relevant others and this had been recorded. There was no date set to review the decision for either person and we pointed this out to the registered manager who said they would address this.

Preventing and controlling infection

- Infection prevention and control procedures remained robust.
- Staff followed daily and periodic deep cleaning schedules to ensure the home remained clean, tidy and odour free.
- There were regular deliveries of personal protective equipment, such as gloves and aprons, and we observed these in use by staff.
- Relatives told us they had no concerns about cleanliness. One relative said, "It's always immaculately clean. It never smells." Another relative said, "[Name's] room is always clean. There is never an odour."

Learning lessons when things go wrong

- A robust system remained in place to ensure that any accidents and incidents were documented and reviewed by senior management for trends and patterns so that remedial actions could be undertaken.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remains rated as good.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care needs were holistically assessed before they moved into the home which included, for example, their personal care, skin integrity, mental health, communication, social, cultural and nutritional needs. Care plans were developed from these assessments which provided clear guidance for staff in how to support people to achieve positive outcomes. For example, we observed one person became agitated on numerous occasions and saw staff understood the triggers and the approaches recorded in their care plan to use to reduce the person's anxiety. A staff member told us, "We learn her triggers and it helps to prevent [name] from getting angry. We resolve issues instead of making them worse."
- The registered manager told us they requested GP reviews where people had been admitted to the home on high levels of medication to manage their behaviour. They said, "I don't believe in the chemical cosh [medicines to keep people sedated when they have behaviours that challenge]. I've managed to get a lot off. We support them with their behaviour. That's just what we do".
- Staff monitored people's on-going health, for example their skin integrity and nutritional health, in line with national good practice guidance and nationally recognised screening tools. These were regularly reviewed which enabled staff to identify trends, such as weight loss over time and respond to any increased risks.

Supporting people to live healthier lives, access healthcare services and support, and working with other agencies to provide consistent, effective, timely care

- The home used nationally recognised tools to help deliver effective and timely healthcare in a very person centred way.
- One tool was used to monitor changes in people's blood pressure, respiration, oxygen levels, pulse, consciousness and temperature which helped provide an early warning of possible infection, such as sepsis. Regular monitoring to identify small changes provided nursing staff with a specific risk score to determine what course of action they should take. For example, increased monitoring or escalating to external clinicians or emergency services.
- We observed nursing staff used this tool during our inspection when one person became unwell. This helped to guide nursing staff to seek early intervention from an on-call clinician which aided a prompt

diagnosis and treatment.

- The person's care records confirmed the additional checks and care which staff had put in place such as increased observations, a tepid sponge to help cool them down, pain relief and regular fluids by oral syringe and mouth care.
- Their relative told us, "They have kept me fully updated with what is happening. There is always someone at the end of the phone. Even at 10pm I will get an answer."
- A health care professional told us, "The [registered] manager knows the residents that I work with really well and is in regular contact with their link worker in the older person's mental health team if they have any concerns."
- People had access to routine health care services such as foot care, dental care and opticians. The registered manager had arranged for a dentist to visit the home to facilitate a training session for staff in learning more about good oral health care.

Staff support: induction, training, skills and experience

- People continued to be cared for by staff who were well trained to provide effective care specific to people's individual needs.
- The registered manager was a qualified nurse and trainer and delivered twice monthly in-house training sessions to staff to provide them with knowledge and information specific to the people living in the home. For example, they told us, "Seven of the 21 people who live here have seizures but no two are the same. They all present differently. Our training needs to be specific to the people we're supporting".
- Staff were encouraged and supported to complete nationally recognised vocational qualifications, such as level 5 in health and social care which helped to develop their supervisory and management skills and knowledge.
- A record was kept of the training each member of staff had completed and this also showed when training updates were due. Key training included, for example, safeguarding people, moving and handling, health and safety, fire safety, first aid, food hygiene, nutrition, hazard identification and risk assessment.
- Staff were also provided with other relevant training such as oral hygiene, stroke, equality and diversity, dignity in care, sexuality and the older person, and mental health subjects including dementia care, activities, and mental capacity.
- New staff followed an induction process that incorporated the Care Certificate, which is a nationally recognised set of induction standards for health and social care staff.
- Staff received regular supervision and annual appraisal, which provided them with formal opportunities to discuss their work performance, any training needs, ideas or concerns, and to receive feedback.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff maintained a strong focus on the importance of supporting people to eat and drink a varied diet which met their specific nutritional needs and preferences and achieved positive health outcomes.
- One relative told us their family member had stopped eating before they had moved in to the home. They said staff had improved their family member's diet and hydration which had a positive impact on their health. They said, "Within weeks [of moving to the home] her bed sores had gone and she was eating. I'm not sure how they did it!"
- Staff were knowledgeable about people's food preferences and nutritional support needs. One person told us, "The food is surprisingly good. We get a choice and as much or as little as you want. We get room service if we want. The chef comes to get a feel of what people like."

- Meals were wholesome and freshly prepared each day by the chef using fresh ingredients. One relative told us, "The food is always nice. [Name] is on a soft diet and loves strawberry milkshake. The staff are really knowledgeable."
- People were given eating and drinking aids, where required, such as deep plates and drinking beakers which helped them to remain independent. Plates and glasses had also been provided which were red in colour. This helped people to distinguish them from the table tops and were visually stimulating, encouraging people to eat and drink.
- Staff had a good understanding of how people required their food to be prepared, such as pureed or mashed, and supported people to eat where required. Staff encouraged and prompted people to eat independently by talking to them about their food. For example, do you want to try some vegetables? They're good for you."
- The chef and staff were knowledgeable about people's specific health conditions which required additional adaptations. For example, where people were at risk of losing weight their food was fortified with cream and butter. Diabetic puddings and cakes were made for people who required a diabetic diet.

Adapting service, design, decoration to meet people's needs

- Improvements had been made to the environment to make it more dementia friendly and help people to orientate themselves around the home.
- People's bedroom doors were being upgraded to look like front doors, each a different colour and number.
- Murals had been designed for the walls, including a seaside theme, old black and white photos and posters of historical advertisements.
- Memory boxes containing items familiar to each person were on the wall outside of their bedroom door.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager and staff understood the importance of seeking peoples' consent and supporting them in the least restrictive ways.
- Staff had received training in MCA and we observed staff asking people's consent before providing care and support.
- Applications for DoLS had been submitted where appropriate and there was a system in place to monitor the dates these were authorised or needed to be reapplied for.
- Where there was doubt about people's ability to make significant decisions about their care, mental

capacity assessments had been completed to check whether people could consent to the care and support being provided.

- Consultations with relevant people were undertaken to assist in reaching a shared decision about what was in the person's best interests.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding.

Outstanding: This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity;

- Relatives consistently told us the home was unique and they were exceptionally happy with the way they and their family members were treated. One relative said, "They [staff] are absolutely amazing. I can't fault them at all. They are really lovely. I was rather he was this far away than anywhere else. When I say cheerio I know he's going to be looked after when I'm not here. It's perfect. I'm thinking of moving in! "
- Another relative told us, "They [staff] treat people second to none. The staff are so patient. They [Name] are brilliantly cared for. It feels like a home. I'm always made to feel welcome. I feel like part of the family. Other homes are not like this one. I would highly recommend it. I wouldn't mind booking my place!"
- A third relative told us their family member was unwell and said, "They [Staff] are brilliant. They keep checking if I am alright." They went on to say, "I get on really well with the staff".
- A visitor from a local support organisation told us they had seen how people at Windy Ridge were supported and re-assured when they were upset. For example, they said one person had to leave their previous home and on the day of their move they were very distressed and screaming. They told us staff at Windy Ridge, "Just seemed to know exactly what to say. [The registered manager] came to the door to greet [Name] and said, "Hello [Name]. I'm glad you could come today. I'll put the kettle on. Do you fancy a cup of tea?" They said "I do" and walked straight in".
- A health care professional told us, "The staff always appear friendly and helpful".
- The home specialised in supporting people who had advanced dementia and complex behaviours. 15 of the 21 people living at the home at the time of our inspection had all been given notice from a previous placement who could no longer support with their complex needs. They were being successfully supported at this service by staff who understood and supported people for who they were. For example; A relative told us their family member (who had since passed away) could become "aggressive" and "very difficult" with staff but "they [staff] just knew how to cope with him".
- Staff spent time with people and chatted about things that were important them. If staff needed to get up to attend to another person, they apologised and explained they would come back. One person had a sight impairment and staff re-introduced themselves each time they went to sit with them so they would know who was talking with them.
- Staff were especially sensitive to times when people needed kind and compassionate care and were observant and focussed on people's wellbeing. For example, one person had become upset and a staff

member went over, bent down to their level and said gently, "It's okay [name]. It's alright." They told other staff the person was upset so they would take him to his room. Another person was sitting by the garden door when a gust of wind blew the blinds in which fluttered around their head. A staff member rushed over and said, "I'm sorry my lovely. Are you okay?"

- Staff consistently ensured people were comfortable, warm and content. We observed staff repositioning people with cushions and covering one person with a blanket as they felt the cold.
- Two visitors told us their family members had passed away but they still enjoyed visiting the home and were always welcomed as old friends.

Respecting and promoting people's privacy, dignity and independence

- The home had a designated dignity champion and a 'dignity wall' highlighted the importance of, for example, compassion, courtesy, privacy and honesty. The role of the dignity champion helped to ensure these values were embedded within the culture of the home. We observed the whole staff team understood and consistently followed these principles in their practice which ensured people were cared for and treated as important individuals whose feelings mattered.
- A staff member told us, "This is the residents' home. We're the guests". Another staff member said, "I don't think of this place as work, it's like my family. I'm working with them [people], my passion is care".
- We observed staff consistently talked to people while providing support which ensured their dignity and they didn't feel things were being 'done' to them. For example; "I'm just going to move your chair, is that okay?" or "Shall I put this down by the side of your chair?"
- People were encouraged to maintain their independence as much as possible. For example; One person told us they had 32 falls whilst in hospital but had not had any falls since they moved into the home. They said they thought this was because, "I have open space. Things aren't in my way. They [staff] keep an eye on me but I still have my privacy and independence."
- Staff cared that people were clean and well dressed. A staff member told us, "Most people don't have capacity but they still have their dignity and respect". A relative told us, "[Name] is always in different clothes. He always looks nice."
- Staff used 'do not disturb' signs on people's doors to maintain privacy when providing personal care.

Supporting people to express their views and be involved in making decisions about their care

- There was an exceptionally strong person centred culture within the home which was embedded by staff in their care practice. Relatives confirmed they and their family members were listened to and their views were taken into account when staff provided care.
- One person told us, "It's a very friendly little home. It was comforting when I left hospital. They are always here for you. I'm not alone. They make me feel involved. I'm quite happy."
- A health care professional told us, "I have completed a couple of reviews in the last year and the care plans have been thorough, reflective of need and up to date and the service users and their families have been happy with the support provided."
- Staff were strongly committed to developing open and honest relationships with people and their relatives. One staff member told us, "Families are always informed and involved. We care about our relatives and want them to feel welcome. It's a friendly home". We observed a staff member bringing one person's meal to them and asked their visiting relative if they would like to assist their family member. The relative declined and said the staff member could go ahead. We spoke with the staff member who told us, "It always just feels polite to ask if she wants to...."

- Staff were especially skilled at quickly identifying and managing people's distress, agitation and conflict. For example, one person was consistently making negative comments about other people in the lounge. Staff approached this in a kindly and non-judgemental way, listening and providing support and using distraction techniques which helped to calm the person.
- We consistently observed staff asking people for their choices about, for example, how they wanted to spend their time, where they wanted to sit or what they wanted to eat and drink. A staff member said, "[Name], I'm sorry I can't remember if you said you'd like tea or coffee". The person needed time to think and the staff member waited patiently and empathised with them. They said, "It's weird isn't it when you can't remember what you really fancy." They didn't rush the person or make the decision for them.
- People had access to an advocate if they needed help to reach decisions about their care which ensured their views would be heard.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained as good.

Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Each person had an individualised plan of care which outlined their care and support needs, such as oral care, wound care, mobility and personal care. These were reviewed regularly and kept up to date with any changes to people's needs. People's personal preferences were recorded and these were reviewed each month to ensure they were still relevant.
- Staff knew people well, including their likes and dislikes, and responded promptly to people's needs throughout the day.
- One staff member told us, "It's very person centred here. If they want to get up at 11am or go to bed at 3am they can. It's their choice. If someone wants to get up early [in the morning] the night staff will help them".
- We observed a staff member bringing one person's meal to them and asked their visiting relative if they would like to assist their family member. The relative declined and said the staff member could go ahead. We spoke with the staff member who told us, "It always just feels polite to ask if she wants to...."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff understood people's individual communication needs and adapted their approach accordingly. For example, introducing themselves to people with sight impairment and using pictures to describe activities.
- Staff ensured people had their communication aids with them, such as hearing aids and glasses, and that they were clean and in working order.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The home employed an activities co-ordinator who, along with staff, established a programme of activities and events within the home. This included for example, external entertainers, visiting wildlife organisations, bowling, birthday parties and themed days. A local vicar visited the home to deliver a religious service each month for those who wished to attend.
- Staff told us they liked to find out from people what they would like to do. We observed a staff member sitting with a person in their room discussing this. Staff were able to tell us about people's interests such as football, drives out and music. One person told us, "They find out what people can do and like. We get a photocopy of a sheet with everything on it; games, quizzes. I go for walks, it gets my legs back into action".
- People's wellbeing was included in activities such as finger stretches and nail care. One relative said that movement could be difficult for some people, however, staff encouraged people to do gentle exercise as much as possible.
- Staff encouraged people to maintain important relationships and facilitated this by providing a welcoming environment and private space for people to receive their visitors. Families and friends were invited to take part in activities and events. A staff member told us, "[They] are always welcome to join in and get involved.
- Due to the complex needs of most people, activities mainly took place within the home, however, where people wished to go out in the local community, for example, for a drive or a walk, this was supported by staff.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and people and relatives told us they knew how to make a complaint. However, people and relatives told us they had no cause for complaint.
- Relatives and people told us the registered manager was approachable and they would not hesitate to raise issues if they needed to. They were confident they would be listened to and any issues would be addressed.

End of life care and support

- People received compassionate, caring and sensitive end of life care.
- A relative told us their family member had lived at the home before passing away. They told us, "They called me at 2am so I drove here. [Name] was very calm. They had moved him earlier to a room by the nurse's station so they could keep a closer eye on him. Afterwards [a member of staff] came and sat with me. We were both in tears". They told us how much they appreciated the kindness and care the staff had given their family member.
- People were able to stay at home at the end of their lives rather than go to hospital if this was their wish. The registered manager told us, "[The residents] don't need to go to hospital. We have the skills in the nursing team to keep them at home."
- Nursing staff worked closely with local GPs to ensure 'just in case' medicines were obtained in good time to administer during palliative care if required.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding.

Outstanding: This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was an exceptionally strong focus on person centred care within a homely environment. The registered manager told us, "We have all clinical skills in the team but it's not a clinical home. It's a homely home."
- The home admitted people who had previously been detained in hospital under The Mental Health Act 1983. There were four people living at the home who had been in hospital under the Act.
- The registered manager told us "[Name] was stuck in a hospital bed for 11 months," as no other care provider would offer them a placement. They told us about another person and said, "He's fine here. We see [his behaviour] as normal" although no other provider would offer them a placement. They told us, "We have never asked anyone to go".
- Staff understood people very well and knew how to support their specific mental health needs. For example, by providing one to one care or additional observations which were carried out discretely.
- A health care professional confirmed to us, "They have supported some particularly challenging service users who have been discharged from hospital on a section 117 aftercare and done so in a person-centred way". (Section 117 means people receive free aftercare).
- The registered manager was extremely well thought of by people, relatives and staff who consistently told us she was an excellent manager and leader. One person told us, "She [registered manager] does a good job here. She runs a good ship." One relative told us, "[The registered manager] is excellent. She knows what she's doing. The home, being smaller, is very well managed. Communication and teamwork are excellent. You get the same response whether it's the man who sweeps the floor or [the registered manager]".
- A visitor from a local support organisation told us, "I have visited a lot of families [in care homes] over the years and I've never been anywhere like this. It's a one off place".
- Staff consistently told us the registered manager always had people's interests and well-being at heart of everything. One staff member said, for example, "She doesn't try to medicate people [to manage their behaviour]. In fact she'll speak to the GP or [the mental health team] to try to get their meds [medicines] taken down".

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was an exceptionally strong culture of joint ownership within the whole staff team, senior management and the provider to achieve good outcomes for people through effective team work, feedback, governance and improvement.
- Staff were very clear about their roles and told us they worked very well as a team. One staff member said, "It's really well organised. The team working is a strength. We all help each other. It's what's kept me here."
- Staff told us they had all worked in each other's roles to see how the whole home ran. The registered manager said, "They've tried each other's jobs; care, cleaning and cooking. It's helped them be aware of each other's pressures and they can cover if we need it." This had ensured continuity of care for people as the home had never used any agency staff.
- The registered manager was extremely committed to the people they supported and was an exceptional role model for staff which was evident throughout the inspection. They told us, "I still have enthusiasm. It is always people first. The day I stop caring is the day I will leave."
- The registered manager had recently asked staff to complete a 360 appraisal on her. This gave staff the opportunity to provide feedback on her performance and management skills. Comments were all very positive including, "I'll be here as long as you're here" and "You lead from the front".
- Staff consistently told us the registered manager was extremely supportive, they felt valued and their opinions mattered. This had helped to create a culture which led to a low staff turnover, with many staff in post for over ten years.
- The registered manager monitored care delivery through a range of processes, including audits and provided a weekly and monthly report to the operations manager as part of the overall governance process.
- The operations manager maintained oversight of the home and attended every six weeks to complete a quality audit. Actions were recorded and fed into the home's service development plan. The provider visited the home every eight weeks to meet with the registered manager to discuss progress and any issue which needed to be addressed. The registered manager told us provider was very supportive and resources were forthcoming if they required any new items for the home.
- There was information around the home for staff in relation to the regulations and key lines of enquiry. Staff were given a 'Policy of the week' to read and sign which ensured they were kept up to date with regulations, guidance and any changes in policy.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager worked hard to ensure people and relatives were offered opportunities to be involved. For example, relatives meetings were held at different times, such as evenings and afternoons to enable those who worked to attend. Minutes from the most recent meeting showed issues discussed included, staffing and medicines which was related to national good practice guidance. Feedback was all complimentary and felt inclusive. A relative said, "I'm always kept informed. They have regular meetings and events for relatives."
- One staff member told us, "[The registered manager] is really good. She's easy to talk to and is very fair". Another staff member said, "[The registered manager] is very approachable". A third staff member told us, "[The registered manager] is very hands on. She knows each one of us. She doesn't want us to become stagnant so sends us on study days."
- The registered manager had set up a focus group comprising of staff and handed autonomy to the group

to look at and propose ways of improving care delivery. One staff member told us, "We have a focus group every couple of months to look at what could work better. I can see what works and what doesn't and get feedback from other staff. [For example], as people's needs became more complex, personal care was taking longer. We changed the way we organised the shift. It works really well now. It's nice to feel my opinion matters".

Continuous learning and improving care

- The provider was keen to learn from positive experiences and outcomes as well as any concerns raised. The registered manager had been asked to reflect on why they had no safeguarding concerns at the home and prepare a report so this could be shared with the rest of the provider organisation for learning.
- The registered manager told us, "We achieve. The staff have objectives and work hard, but I'm never going to be 100% satisfied. There's always more we can do."
- Regular surveys were carried out to obtain views of people and relatives in different aspects of the home. For example, care and dignity, the dining experience, environment and activities. A head office survey was also completed annually. Responses were all positive.

Working in partnership with others

- The registered manager was exceptionally open and collaborative. They worked in partnership with local organisations and agencies to strengthen local relationships and improve care. For example;
- They took part in a pilot project run by the Clinical Commission Group (CCG) to look at improving people's nutritional intake by replacing plates and glasses with red ones. They told us, "They [CCG] were asking for volunteers. We trialled it and saw an improvement". This was now embedded within the service.
- The registered manager worked with the CCG to utilise their knowledge and skills to support staff with their learning. For example, to deliver a session on wound care for the nursing staff to help them develop their knowledge and improve wound care delivery.
- The registered manager worked in partnership with Bournemouth University to provide practical learning opportunities for students through work placements at the home. They had also signed two senior carers up for a 2 year accredited course at Bournemouth University to become associate nurses.
- The registered manager had also worked with Bournemouth University to take part in a nutrition project which had improved, for example, the menus and food textures. A nutrition champion worked with the chef to review and improve people's mealtime experiences.
- Other initiatives developed by the registered manager included an apprenticeship scheme for staff and volunteer placements for school students from a local secondary school. This helped to strengthen relationships within the community and improve understanding of dementia across different generations.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had policies in place to ensure any relevant concerns were addressed with openness and transparency under the Duty of Candour. The registered manager was clear about their responsibilities under the Duty of Candour, however, there had been no incidents which required this to date.